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maintenance fee notification	15.							
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Delio & Peterson 121 Whitney Aven New Haven, CT 06	1 S a u	hereby certify that the ates Postal Service veldressed to the Mai ansmitted to the USP	is Fee(s) T with suffici 1 Stop ISS	fransmittal is being ent postage for firs UE FEE address	g deposited at class mai above, or	with the United I in an envelope being facsimile ad below.		
		ſ	Barbara Browne			(Depositor's name)		
			Signal Control of the			(Signature)		
				February 9,	2010			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		EY DOCKET NO.	CONFIRMATION NO.	
10/821.092	10/821.092 04/08/2004		Francisco Juarez		NOVE100041000/NVLS-2879 8981			
TITLE OF INVENTION: METHOD AND APPARATUS FOR MODULATION OF PRECURSOR EXPOSURE DURING A PULSED DEPOSITION PROCESS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAJD ISSU	e fee - T	TOTAL FEE(S) DUE	D ₂	ATE DUE
nonprovisional	NO	\$1510	\$0	\$0		\$1510	03	3/01/2010
EXAMINE	EXAMINER		CLASS-SUBCLASS					
MILLER, MICHAEL G		1792	427-248100					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	ence address (or Char (2) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Novellus S Please check the appropriate	an assignee is identi 37 CFR 3.11. Comp E ystems, Inc	fied below, no assignee detion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (Cr	patent. If an assign n assignment. 'Y and STATE OR C	OUNTRY 95134	r)		
4a. The following fee(s) are s lssue Fee Publication Fee (No si Advance Order - # of	nall entity discount p Copies	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.4-0.566 (enclose an extra copy of this form).						
5. Change in Entity Status (a. Applicant claims SM	AALL ENTITY statu	s. See 37 CFR 1.27.	Db. Applicant is no le					
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Authorized Signature	Li	Date February 9, 2010						
Typed or printed name	Peter W. P	Registration No. 31,867						
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-1 Under the Paperwork Reduct	4.30,							PTO to process) 5, preparing, and tire to complete Commerce, P.O. P.O. Box 1450,